

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041661

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1358

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in lb 4 YRS.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SUNNYSLOPE NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ANNABELLE -- CHRISTENSEN		4. DATE OF DEATH Month Day Year NOVEMBER 30 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC. 6, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) ORRICK, MISSOURI
13a. FATHER'S NAME JACOB WICKSTROM		13b. MOTHER'S MAIDEN NAME SAGRA JOHANNA ERICKSON	14. NAME OF HUSBAND OR WIFE GEORGE CHRISTENSEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT HEMMING CHRISTENSEN Address ST. JOSEPH, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident - thrombosis</i> DUE TO (b) <i>Arteriosclerosis, generalized</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i> <i>20+ yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Bedfast & advanced arthritis 6 years.</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>Feb 1936</i> to <i>Nov 30, 1962</i> and last saw her/him alive on <i>Nov 30, 1962</i> Death occurred at <i>8:15P</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jan L. Peterson</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Wathena, Kansas</i>	
22c. DATE SIGNED <i>12/3/62</i> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE DEC. 3, 1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) ST. JOSEPH, MISSOURI
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME ADDRESS WATHENA, KANSAS		25. DATE RECD. BY LOCAL REG. Dec. 6, 1962	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

F. Peterson, M.D.

Permit issued 12/3/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Hermann

Licensed Embalmer No. 4487

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.